

ORIGINAL

Camp Bowie National Bank
P.O. Box 9678
Ft. Worth, TX 76147

OWNERSHIP OF ACCOUNT - CONSUMER (Select one by placing your initials next to account selected)

- ☐ (1) Single-Party Account Without P.O.D. (Payable on Death) Designation.
- ☐ (2) Single-Party Account With P.O.D. (Payable on Death) Designation (name beneficiaries below)
- ☐ (3) Multiple-Party Account Without Right of Survivorship
- ☐ (4) Multiple-Party Account With Right of Survivorship
- ☐ (5) Multiple-Party Account With Right of Survivorship and P.O.D. (Payable on Death) Designation (name beneficiaries below)
- ☐ (6) Convenience Account
- ☐ (7) Trust Account (name beneficiaries below)
- ☐ (8) Community Property Account - Multiple-Party Account Without Right of Survivorship
- ☐ (9) Community Property Account - Multiple-Party Account With Right of Survivorship
- ☐ (10) Trust Account Subject to Separate Agreement Dated: _____
- ☐ (11)

NAME OR NAMES OF BENEFICIARIES:

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

- ☐ SOLE PROPRIETORSHIP ☐ LIMITED LIABILITY COMPANY
- ☐ CORPORATION: ☐ FOR PROFIT ☐ NOT FOR PROFIT
- ☒ PARTNERSHIP ☐

BUSINESS: _____
COUNTY & STATE OF ORGANIZATION: _____
AUTHORIZATION DATED: _____

☒ NEW ☐ EXISTING

TYPE OF ACCOUNT ☒ CHECKING ☐ SAVINGS
☐ MONEY MARKET ☐ CERTIFICATE OF DEPOSIT
☐ NOW ☐

ACCOUNT NAME: COMMERCIAL CHECKING

☐ This is a Temporary account agreement.

BACKUP WITHHOLDING CERTIFICATIONS

TIN: 000-00-0000 75-235121

☒ TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

☒ BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.

☐ NONRESIDENT ALIENS - I am not a United States person, or if I am an individual, I am neither a citizen nor a resident of the United States.

SIGNATURE: I certify under penalties of perjury the statements checked in this section.

X

ACCOUNT NUMBER

203-022-0

ACCOUNT OWNER(S) NAME & ADDRESS

287 JOINT VENTURE DBA
ALVORD

226 BAILEY STE #104

FORT WORTH TX 76107 0000

DATE OPENED 4/01/96 BY MS

INITIAL DEPOSIT \$

☒ CASH ☐ CHECK ☒

HOME TELEPHONE # 000-737-5000

EMPLOYER

BUSINESS PHONE # 000-000-0000

Name and address of someone who will always know your location: _____

Number of signatures required for withdrawal 1

FACSIMILE SIGNATURE(S) ALLOWED? ☐ YES ☒ NO

[X]

SIGNATURE(S) - THE UNDERSIGNED AGREE(S) TO THE TERMS STATED ON PAGES 1 AND 2 OF THIS FORM, AND ACKNOWLEDGE(S) RECEIPT OF A COMPLETED COPY ON TODAY'S DATE. THE UNDERSIGNED ALSO ACKNOWLEDGE(S) RECEIPT OF A COPY OF AND AGREE(S) TO THE TERMS OF THE FOLLOWING DISCLOSURE(S):

☒ Electronic Fund Transfers Disclosure ☒ Funds Availability Disclosure
☒ Truth in Savings Disclosure ☒

(1): [X] Jay Lesok
JAY LESOK

I.D. # _____ Other _____

(2): [X] Barbara Lesok
BARBARA LESOK

I.D. # _____ Other _____

(3): [X]

I.D. # _____ Other _____

(4): [X]

I.D. # _____ Other _____

☐ Co-Signer (Single-Party Accounts Only)

[X]

I.D. # _____ Other _____